APPENDIX A-2:

Data Abstraction Tool: Cesarean Birth, NTSV (MAT-4)

INSTRUCTIONS: Hospitals must refer to the appropriate version of data dictionary for abstraction guidelines that apply to this measure. Use of **_italic and underlined font_** throughout this tool indicates updated text has been inserted. The capital letters in parenthesis represents the field name that corresponds to the data element name.

1. Provider Name (PROVNAME) _____

2. Provider ID (PROVIDER-ID) _____ (AlphaNumeric)

3. First Name (FIRST-NAME) _____

4. Last Name (LAST-NAME) _____

5. Birthdate (BIRTHDATE) ___ ___ -___ ___ - ___ ___ ___ ___

6. Sex (SEX)   □ Female   □ Male   □ Unknown

7. Race Code - (MHRACE) (Select One Option)
    - □ R1 American Indian or Alaska Native
    - □ R2 Asian
    - □ R3 Black/African American
    - □ R4 Native Hawaiian or other Pacific Islander
    - □ R5 White
    - □ R9 Other Race
    - □ UNKNOW Unknown/not specified

8. Hispanic Indicator-   (ETHNIC)
    - □ Yes
    - □ No

9. Patient ID (i.e. Medical Record Number) (PATIENT-ID) __ __ __ __ __ __ __ __ __ __ (Alpha/Numeric)

10. Admission Date (ADMIT-DATE)   ___ ___-___ ___-___ ___ ___ ___

11. Discharge Date (DISCHARGE-DATE)   ___ ___-___ ___-___ ___ ___ ___

12. What was the patient's discharge disposition on the day of discharge? (DISCHARGDISP) (Select One Option)
    - □ 01 = Home
    - □ 02 = Hospice- Home
    - □ 03 = Hospice- Health Care Facility
    - □ 04 = Acute Care Facility
    - □ 05 = Other Health Care Facility
    - □ 06 = Expired
    - □ 07 = Left Against Medical Advice / AMA
    - □ 08 = Not Documented or Unable to Determine (UTD)

13. What is the patient's primary source of Medicaid payment for care provided? (PMTSRCE)

☐103	Medicaid: Includes MassHealth FFS and MassHealth Limited	☐318	Medicaid: BMC HealthNet Plan Southcoast Alliance (ACO)
☐104	Medicaid: Primary Care Clinician (PCC) Plan	☐321	Medicaid: My Care Family with Neighborhood Health Plan (ACO)
☐208	Medicaid Managed Care – Boston Medical Center HealthNet Plan	☐324	Medicaid: Tufts Health Together with Atrius Health (ACO)
☐ *116, 207, 274*	Medicaid Managed Care – Tufts Health Together Plan	☐325	Medicaid: Tufts Health Together with BIDCO (ACO)
☐119	Medicaid Managed Care - Other (not listed elsewhere)	☐326	Medicaid: Tufts Health Together with Boston Children's (ACO)
☐312	Medicaid: Fallon 365 Care (ACO)	☐327	Medicaid: Tufts Health Together with CHA (ACO)
☐313	Medicaid: Be Healthy Partnership with Health New England (ACO)	☐328	Medicaid: Wellforce Care Plan (ACO)
☐314	Medicaid: Berkshire Fallon Health Collaborative (ACO)	☐320	Medicaid: Community Care Cooperative (ACO)
☐315	Medicaid: BMC HealthNet Plan Community Alliance (ACO)	☐322	Medicaid: Partners Healthcare Choice (ACO)
☐316	Medicaid: BMC HealthNet Plan Mercy Alliance (ACO)	☐323	Medicaid: Steward Health Choice (ACO)
☐317	Medicaid: BMC HealthNet Plan Signature Alliance (ACO)	☐311	Medicaid: Other ACO

14. What is the patient's MassHealth Member ID? (MHRIDNO) _____
    (All alpha characters must be upper case)

15. ICD-10-CM Principal or Other Diagnosis Codes (Table 11.09)

    ☐ At least one on Table 11.09 (Review Ends)

    ☐ None on Table 11.09

16. ICD-10-CM Principal or Other Diagnosis Codes (Table 11.08)

    ☐ None on Table 11.08 (Review Ends)

    ☐ At least one on Table 11.08

17. How many weeks of gestation were completed at the time of delivery? (GESTAGE)

    Weeks: ___ ___ (in completed weeks; do not round up)(enter 2 digit numeric value with no leading 0, or UTD)

    UTD ____ (if UTD or if gestational age is <37 weeks, Review Ends)

18. How many deliveries resulting in a live birth did the patient experience prior to current hospitalization?
    (NUMPLB) _____(if > 0 or UTD, Review Ends)

19. ICD-10-PCS Principal or Other Procedure Codes (Table 11.06)

    ☐ None on Table 11.06
    ☐ At least one on Table 11.06